

**Susquehanna Council Award Counselor Application
Kayaking BSA Award**

Submit to Chair, Council Advancement Committee or Council Service Center

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Email Address: _____

Qualifications {as required in BSA Aquatics Supervision Guide}
Check and provide info for all that apply.

A. Instructor qualification (at least one required):

BSA Aquatics Instructor

Date completed training: _____

BSA Aquatics Supervision: Paddle Craft Safety kayak instructor

Date completed training: _____

Kayak Instructor Certification from American Canoe Association

Date completed certification: _____ Expiration date: _____

Similar experience in kayaking skills, safety, and instruction

Describe your experience (who, what, where, when):

Continue on back, if needed.

B. Other

BSA Safety Afloat training (required)

Date completed training: _____

Signature: _____

Date signed: _____

Approved by Council Advancement Committee: _____ Yes _____ No

Name: _____

Date: _____